

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM 375)

**10/530125**

SERIAL NO. **10/530125**  
FILING DATE  
APPLICATION NO. **10/530125**

**44-05**

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEF.	IND.	DEF.	IND.	DEF.
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TOTAL IND.		↓	3	↓		↓
TOTAL DEF.	←		14	←		←
TOTAL CLAIMS			17			

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEF.	IND.	DEF.	IND.	DEF.
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100						
TOTAL IND.		↓		↓		↓
TOTAL DEF.	←		←		←	
TOTAL CLAIMS						